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FILED

DEC 20 2007  
 Dec 20 2007  
 MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT

| SENDER, COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/> <b>X</b></p> <p><input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>   |  |
| <p>1. Article Addressed to:</p> <p>Chief of Criminal Appeals<br/>           Attorney General's Office<br/>           100 West Randolph - 12th Floor<br/>           Chicago, IL 60601</p>  |  | <p>B. Received by (Printed Name)<br/> <b>DEC 20 2007</b></p> <p>C. Date of Delivery<br/> <b>DEC 20 2007</b></p>   |  |
|   |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If Yes, enter delivery address below: <input type="checkbox"/> No</p>  |  |
|   |  | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
| <p>2. Article Number<br/>           (Transfer from service label)</p>   |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>   |  |
| <p>7006 0100 0001 7313 2876</p>   |  |   |  |

PS Form 3811, February 2004

Domestic Return Receipt

102555-02-14-1540

07cv6937